



RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
**COVER PAGE**

MAR 06 2012

Please type or print in ink.

NAME OF FILER (LAST) Foster (FIRST) Paul (MIDDLE) Paul  
APR -6 PM 12:31  
REDLANDS CITY CLERK  
Wesley

**1. Office, Agency, or Court**

Agency Name  
City of Redlands  
Division, Board, Department, District, if applicable  
City Council  
Your Position  
Council member

► If filing for multiple positions, list below or on an attachment.

Agency: City of Redlands Redevelopment Agency Position: Board member

**2. Jurisdiction of Office (Check at least one box)**

- State
- Multi-County \_\_\_\_\_
- City of Redlands
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

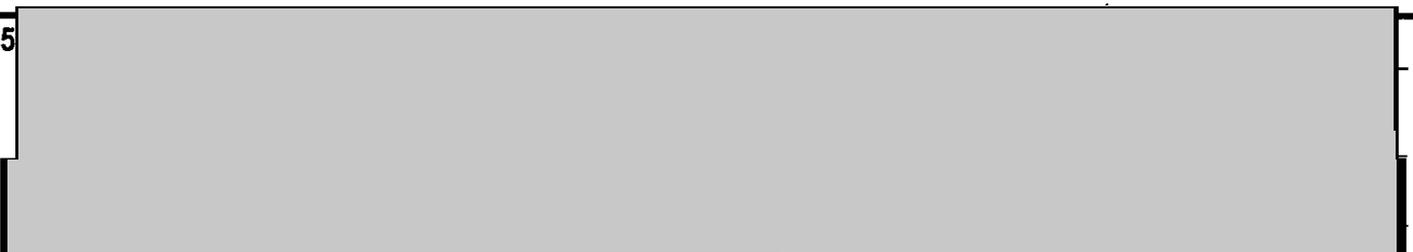
- Annual:** The period covered is January 1, 2011, through December 31, 2011.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2011.
- Assuming Office:** Date assumed \_\_\_\_\_
- Candidate:** Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)
- The period covered is January 1, 2011, through the date of leaving office.
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary**

Check applicable schedules or "None." ► Total number of pages including this cover page: 5

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-  
 None - No reportable interests on any schedule



herein and in any attached schedules is true and complete. I acknowledge this is  
I certify under penalty of perjury under the laws of the State of California that

Date Signed 3-3-2012 Signature \_\_\_\_\_  
(month, day, year)

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) POSITION  
Foster Paul Wesley REDLANDS CITY CLERK

1. Office, Agency, or Court

Agency Name  
City of Redlands  
Division, Board, Department, District, if applicable  
City Council  
Your Position  
Council member

► If filing for multiple positions, list below or on an attachment.

Agency: Omnitrans Position: Board member

2. Jurisdiction of Office (Check at least one box)

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County  County of
- City of Redlands  Other

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2011, through December 31, 2011.  Leaving Office: Date Left / / (Check one)
- or-  The period covered is / / through December 31, 2011.  The period covered is January 1, 2011, through the date of leaving office.
- Assuming Office: Date assumed / /  The period covered is / / through the date of leaving office.
- Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

- Check applicable schedules or "None." **► Total number of pages including this cover page: 5**
- Schedule A-1 - Investments - schedule attached  Schedule C - Income, Loans, & Business Positions - schedule attached
  - Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached
  - Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
PO Box 3005 35 Cajon Street Suite 200 Redlands CA 92373  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)  
( 909 ) 798-7533

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-3-2012  
(month, day, year)

Signature *Paul Wesley Foster*  
(File the originally signed statement with your filing official.)



**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

Name

Paul W. Foster

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
Cliffs Resort Timeshare

CITY  
Princeville, Kauai, HI.

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 11      DISPOSED      /      / 11

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 \_\_\_\_\_  
 \_\_\_\_\_

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 \_\_\_\_\_

CITY  
 \_\_\_\_\_

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 11      DISPOSED      /      / 11

NATURE OF INTEREST  
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 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

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 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 \_\_\_\_\_  
 \_\_\_\_\_

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*  
 \_\_\_\_\_

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER  
 \_\_\_\_\_

INTEREST RATE      TERM (Months/Years)  
 \_\_\_\_\_%       None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

NAME OF LENDER\*  
 \_\_\_\_\_

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER  
 \_\_\_\_\_

INTEREST RATE      TERM (Months/Years)  
 \_\_\_\_\_%       None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

Comments: \_\_\_\_\_

